### FOR STATE HEALTH DEPT

elay is necessary, please control director. Page bed for your files. state Board of Health, leath. M fter death. If any dela 1, 2, and 3 to the Page 5 may be s 1 and 2 with the ord thin 72 hours after dea

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37.5	00	2	Ö,	or its designated agent, prior to burial, cremation, or removal, and in any event wil
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VS.	A	15	LA TO FUNERAL DIRECTOR: Page 3 should be as a burial-transit permit. File pages	
5	M S	2/5	7	
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8368

08367 Reg. Dist. No.

1, PLACE OF DEATH B. COUNTY	Somerset	MARYLANI	2. USUAL RESIDENCE (			Somerse	
b. CITY OR TOWN and give negres! to	(th outside corporate limits, write with Crisfield	c. tength of stay in the Lifetime		f outside corporate l	imila, write RU	JRAL and give i	nearest (awn)
	oat harbor,	nat in hospital, give street address) Crisfield	d, STREET ADDRESS 214	N. Fourth	St.		e. IS PESIDENG ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First JOH		AMES, JR.	4. DATE OF DEATH	Month July	7,	Year 19 58
5. SEX Male	9.7	7. MARRIED NEVER MARRIED X		lost-b	(In years IF	UNDER TYEAR	IF UNDER 24 14 Hours Min.
100. USUAL OCCUPAT during most of work None	IION (Give kind of work d king life, even if retired)	None		or foreign country) , Maryland	i	12. CITIZEN C	WHAT COUNT
13. FATHER'S NAME	John Edwar	d Horsey	Jane Ames				
15. WAS DECEASED E	VER IN U. S. ARMED FOR (III yes, give war or dates of to None	rryica)	rs. Jane Ames	, 214 N.	Address 4th St.	., Cris	field, M
Conditions, if gove rise to imm (o), stoting the cause last.	underlying DUE TO	Accidental Drown		unal disease cone	NTION GIVEN		.  19. WAS AUTOPS PERFORMED? YES   NO 6
PART II, O	ONTRIBUTING []	Drowned while	swimming /	Wad-	ng-		
20c, TIME OF INJ		While Not while for	ACE OF INJURY (Home, form clory, street, office bidg., etc. 1211 Boat Har)	3)	field	(County) Somers	et Md.
ACTUAL SIGNATURE	h resulted from: N	of the remains described ab latural causes . Accident Illumino oulbourn, M. D.		Hamicide	Remod	Inquiry X nined mann	-
	ION, 226 DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (C		county)	(State)
23. FUNERAL DIRECTO Bradshaw	R'S SIGNATURE 94			'D BY REGISTRAR	246. REGISTR	AR'S SIGNATU	RE

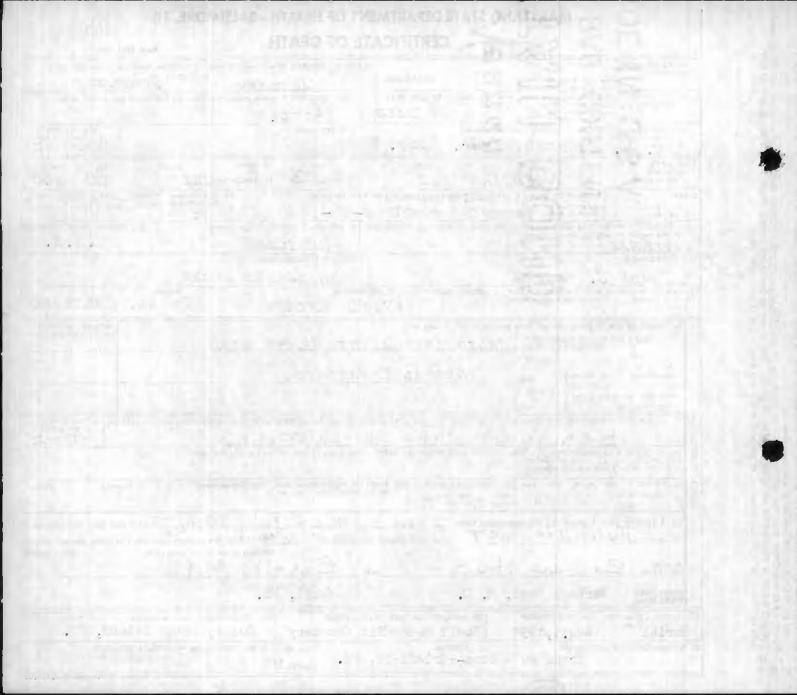
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THE REPORT OF THE PROPERTY OF	
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08368

8370 CERTIFICATE OF DEATH

Reg. Dist. No.

							المتناطقي المانا		
1. PLACE OF DEATH B. COUNTY	WED CEE	MARYL	AND	2. USUAL RESIDENCE (Who o. STATE		. If institution	~		ission)
b. CITY OR TOWN (	MERSET If outside corporate limits, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (II o		nits write RII		RSET	wnì
RURAL and give n	eorest town) SFIELD	12 D	AYS	EWELI			Aria ona gr		,
	TAL (If not in hospital, give street	et address)		d. STREET ADDRESS					ESIDENCE
EDW. W.	McCREADY I	TEMO. Hosi	P.	1					A FARM?
3. NAME OF DECEASED (Type or print)	Fins EDGA			BRIMER	4. DATE OF DEATH JU	Manti TLY		30	19 58
5. SEX MALE	6. COLOR OR RACE 7. MA	RRIED X NEVER MARRIES	_	4-20-1890	9. AC		-	YEAR IF UN	
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work done 10 king life, even if retired)	b. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	or foreign country)		12. CITIZ	EN OF WHA	
WATERMAN				MARYL	AND		L	U.S	.A.
13. FATHER'S NAME	and the second			14. MOTHER'S MAIDEN N					
	S. BRIMER			ELIZABI	ETH EV.	INS			
	R IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.		FORMANT		Addre	55 1 F F	MADV	7 4370
			ED	GAR BRIME	2	EWE	وبابا	MARY	LAND
PART I. DEA  15 / X  Conditions, if o gove rise to i couse (o), stoting	DUE TO  ny, which (b)	ALIGNANT CEREBRAL		TRIC ULCE	R WITH			INTERVAL ONSET AN	D DEATH
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CONDITIONS  CONDENSITION  AS UNDERLYING 120b. DE  CAUSE OF DEATH  MEDICAL EXAMINER)	Prostatic	1	NOT RELATED TO THE TERMIN	bhy		N IN PART	PERI	S AUTOPSY FORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Whil		20e. PLA fact	CE OF INJURY (Home, form, ary, street, office bldg., etc.	20f. (City or to	vn)	(Co	unty)	(Stote)
21. 1 certify the alive on Carrier Signature Physician's NAME (Type)	Santara H Barbara Hunt,	SE, and that	death	accurred at 7,30,	M, from the	causes ar	d on the	date sta	e deceased ited abave DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	Aug.1,1958	22c. NAME OF CEMET Ewell Meth		crematory st Cemetery	22d LOCATION (		county) Isla	4 25	ate)
23. FUNERAL DIRECTOR		ADDRESS Sons—Crisfi	ield	, Md. DATE AL	BY REGISTRAR	24 DEGIST	PAR'S SIGN	ATURE	



The June 19 har Let About rate I'd the day the move or weather the work is well to Kenny julithing With the Some of the water to withburnoon plant and Admin't conthe state of the s The said drawn alter a constant that the termine will make A COLUMN TO SEED AND ASSESSED. waster tilled in the

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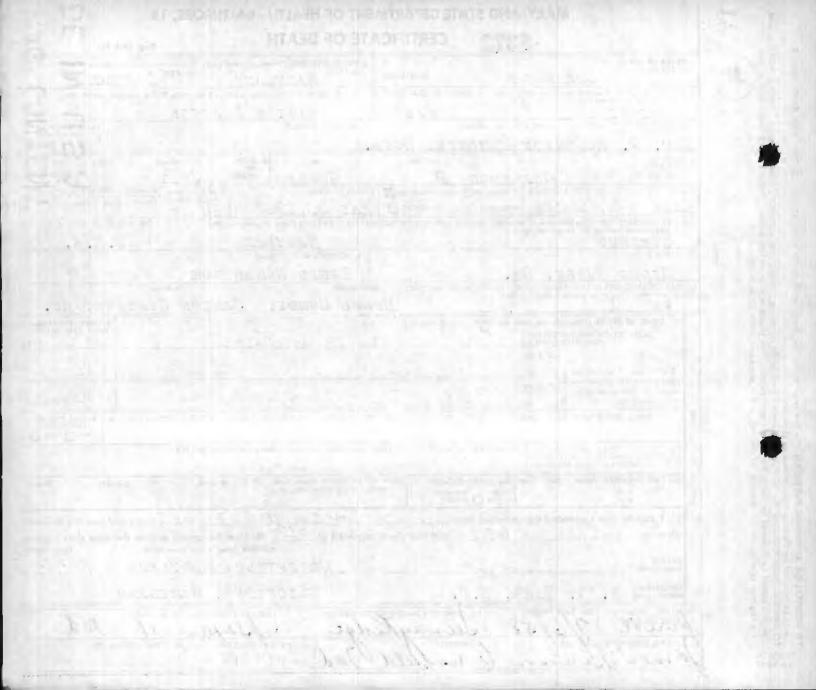
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

2273

08370

		1060	d					Reg. Dist.	No.	
1. PLACE OF DEATH				- 11	2. USUAL RESIDENCE (Wh	ere deceased				sion)
	SOMERSE		MARY	LAND	MARYI	LAND	b. COUNTY	SOME	RSET	
b. CITY OR TOWN ( RURAL and give n	If outside carporate limi earest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corpora	ole limits, write RU	RAL and give	e nearest town	n)
CRISFI			1 DAY		X MARIO	ON ST	ATION			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g			OSP	d. STREET ADDRESS					FARM?
. NAME OF	Fir		Middle		Last	4. DATE	Mont	h	Doy	Year
(Type or print)	GLA	REN	CE P		GUNBY	OF DEATH	JULY			19 58
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D 🔝 B.	DATE OF BIRTH	9	AGE (In years lost birthday)	IFUNDER 1 Y	YEAR IF UNDE	ER 24 HRS.
MALE	WHITE	WIDOW	ED DIVORCE	0 1	YAY 30.194	43	15 yrs.	Months Do	oys Hours	Min.
Ou. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUSTI	TY 11. BIRTHPLACE (State	or foreign cou	intry)	12. CITIZE	N OF WHAT	COUNTRY
STUDEN					MAR YI	LAND		U	.S.A.	
3. FATHER'S NAME					14. MOTHER'S MAIDEN N					
MILES	GUNBY, S	R.			ETHEL NO	ORDST	ROM			
S. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT	-	Addre	P33		
NO	for year, great men on contact or a	VICTORY		ETH	HEL GUNBY,	, MA	RION S	TATI	ON, M	D.
	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]	(	7	- 12			INTERVAL BE	
PART 1. DEA	ATH WAS CAUSED BY: ,IMMEDIATE CAUSE (o	, (	aro Iral	· N	realmera	tron	2		ONSET AND	DEATH
5 10.	DUE TO		10 1		1				1-11	1
Conditions, if a		1	Cardino		Cerrent				0/2	the
gave rise to i		/	0 . 4		1-5-101				51/	2
lying couse last.	) (c		1 pirot	etre	(100)				1/2.	-tu
PANT 11. OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1	PERFO	AUTOPSY DRMED?
OR CONTRIBUTING	AS UNDERLYING TO GENERAL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESI	CRIBE HOW INJURY OF	CCURRED.	(Enter noture of injury in P	ort I ar Port	II of item 18.)			
20c. TIME OF INJUR	RY Month, Day, Yea	While	Not while	20e. PLAC focto	E OF INJURY (Home, form, ry, street, office bldg., etc.	20f. (City o	or town)	(Cou	nty)	(State)
					3 > 60	1 /	-y	,		
	pt I attended the	decease		mi.	19.5 2, ta	a ly			st saw the	
alive an	344	, 19	in and that	death o	ccurred at 3	_M, fram	the causes or	id on the		
ACTUAL	12100	17			~		et, city or town, s	lolej	7/	ATE SIGNE
SIGNATURE	17-11-1	-	40*	M.	O. URISE	TELD.	CLARYL	AND		400
PHYSICIAN'S A	. N. BAR	R,	M.D.		CRISI	FIELD	, MARY	LAND		
20. BURIAL, CREMATIC		F	27c. NAME OF CEME	TERY OF	REMATORY	22d 10C4TH	ON (City, Jawn, or	county)	(Stok	e)
viriae	1/6/0	8	summe	the	dge	Ha	pew i	4	md	_
J. JUNERAL DIRECTOR	S SIGNATURE		O ADDRESS	11		BY REGISTA		PAR'S SIGNA	ATURE	
Enel	Lunes	201	1 reaffe	la	Med DATE IV	L10 10	BULL	Leaue	h	



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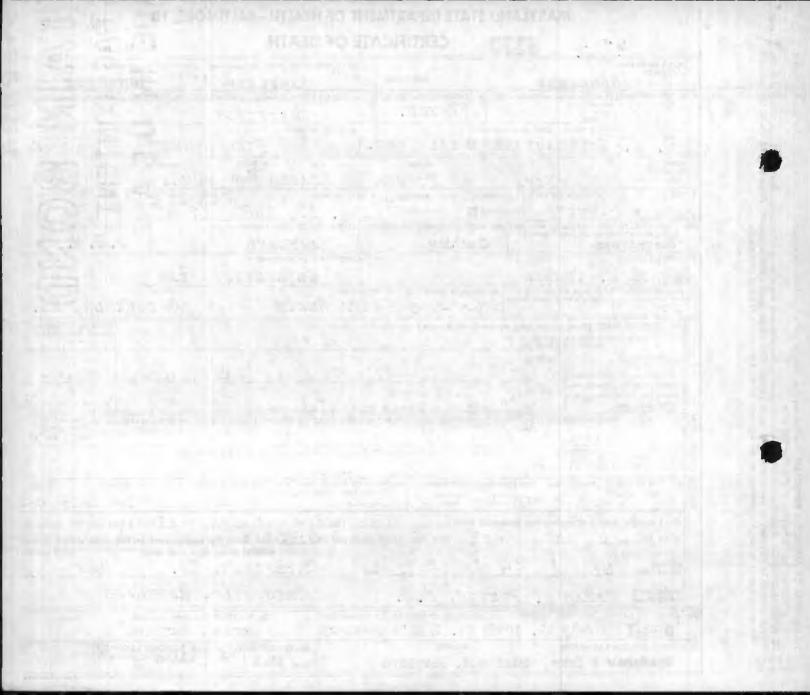
CERTIFICATE OF DEATH

Reg. Dist. No.

1, PLACE OF DEATH a. COUNTY SOME	RSET	MARYLAND	2. USUAL RESID	MARY	Ь	If institution: Reside	MERSE	
b. CITY OR TOWN (If outside RURAL and give nearest tow CRISFIELD	carporate limits, write wn)	57 YRS.	c CITY OR T	~	side corparate li $\pi$ $FIELD$	its, write RURAL and	give nearest	tawn)
d. NAME OF HOSPITAL (IF no OR INSTRUCTION MCC.		oddress) MORIAL HOSI	d. STREET A		PINE - S	TREET	0	RESIDENCE
3. NAME OF DECEASED (Type or print)	First VIVA	Middle TUR NEI	losi R HE	ATH	OF DEATH	Manth JULY	20 20	Year 19 58
_	LOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		900 P. AGI	(In years birthday) Months	Doys Ho	INDER 24 HRS
100. USUAL OCCUPATION (Give during most of working life, Seamstress	kind of work done 10b. even if retired)	KIND OF BUSINESS OR INDU	MA	RYLA.	ND	) 12, C	U.S.	HAT COUNTRY
3. FATHER'S NAME	p	•	14. MOTHER'S	~		D		
GEORGE W. 1	URNER	COCIAL SECURITY NO. 17	INFORMANT	LEME	NTINE	DIZE Address		
	e war or dates of service)	16-10-8165	VIVA HE	EATH			TELD	, MD.
18. CAUSE OF DEATH [En PART I. DEATH WAS IMMED  4. Conditions, if ony, whi gove rise to immedia couse (a), stating the underlying cause lost.	DUE TO	et de T	Toward 16	e il	At	iodi		AND DEATH
\$ 900,0 Much	de alite	CONTRIBUTING TO DEATH BU	adops	all	rais	DITION GIVEN IN PA	PI	AS AUTOPSY ERFORMED?
	ISE OF DEATH	all Lan	- S. Leur	- Injury in Fo	J Corron II or I	rem to.)		
20c. TIME OF INJURY Mont Hour o. m.	140 %	1 4.	LACE OF INJUSY (I octory, street, office	lame, form, bldg., etc.)	201. (City or tow	n)	(County)	(Stoie)
21. I certify that I at alive an	trended the decease			2:45A	ODRESS (Street, ci	7.5		
SIGNATURE ACC	AH M. PEY	TON, M.D.	M.D	an assemble and an assemble	TELD,	MAR YL	AND	S-j-2-1,1.
220. BURIAL, CREMATION, 226. REMOVAL (Specify) Burial Ju	. DATE THEREOF 11y 22, 1958	St. Paul's		2		ity, town, or county) Maryland	1	(Slate)
23. FUNERAL DIRECTOR'S SIGNA Bradshaw & S		ADDRESS ield, Maryland		240. REC'D	BY REGISTRAR	2 TEGISTHAR'S	IGNATURE LUCA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certification is been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the first of it is not in any event within 72 hours after death. Pages 72 at 2 should be filed with the registrer prior to buriol, cremotion, or remayol, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05372 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) o. COUNTY b. COUNTY Somerset MARYLAND arvland omerset b. CITY OR TOWN (If outside corporate limits, world RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Vears Princess anne Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS # IS RESIDENCE 61 ON A FARM? YES NO 1 3. NAME OF First 4. DATE Day Middle Lost Month Yeor regi: (Type or print) DEATH 1958 di SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE I'm years IF UNDER TYEAR IF UNDER 24 HRS Months Min. Temale Colored | WIDOWED [ DIVORCED [\*\* 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA WIFE  $L_{A}RYLAND$ ىنىڭ يا 10 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SARAH NATHEL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addms [If yet, give war or dates of service] PRINCESS INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) along with far burial-transit **DUE TO** Conditions, if ony, which gave rise to immediate couse DUE TO (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY S CERTIFICATION PERFORMED? Ö NO IT 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 1B.) should 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.] 0 m Not while of work of work p m. 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 19 to the Chief Chief death resulted fram: Natural causes . Accident Suicide . Hamicide . Undetermined cause [7] DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE cute the cert farwarded to 5 FUNERAL 1 **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMITTORY 22d. LOCATION (C (Stote) REMOVAL (Specify) O ELINERAL BERIOTOR'S SIGNATURE 240. REC'D BY REGISTRAR

24b. REGISTRAR'S S.GNATORT

DATE JUL

VS. ATSME(S) 5AA 9755

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8375 CERTIFICATE OF DEATH

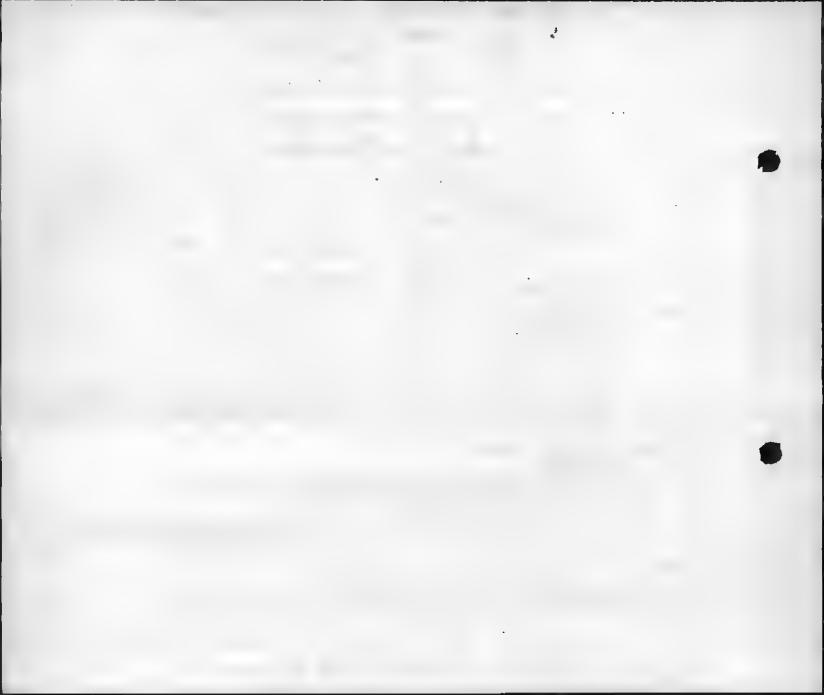
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	0	0.0			-		Reg. Dist.	No.	
1. PLACE OF DEATH o COUNTY	Somerset	MARYLAND	II a STATE	Maryle		b COUNTY	somer		ission)
b. CITY OR TOWN RURAL and give of	(If autside corporate limits, w nearest lown) Tylerton	Lifetime	c. CITY OR	Tyler		te limits, write RI	JRAL and giv	e nearest to	wn)
d NAME OF HOSP OR INSTITUTION	Smith Island	•	d STREET		Island	i		ON	ES DENCE A FARM?
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle W.	MARSI		4. DATE OF DEATH	Moni July		Day 13	Yeor 1958
5. SEX Male		MARRIED NEVER MARRIED DOWED DIVORCED	Feb. 11		9.	AGE (In years lost birthday)	Months D	YEAR IF UN	
10a USUAL OCCUPATI during most of wo Waterms	rking life, even if retired)	106. KIND OF BUSINESS OF INE Seafood			or foreign cour Maryle			EN OF WHA	AT COUNTRY?
13. FATHER'S NAME	Benjamin F.	Marsh	14 MOTHER'S	MAIDEN N					
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, any war or dates of service) None		enformant Irs. Mabre	a Brad	shaw,	Addr Tylerton		land	
	ATH [Enter only one couse   ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	cerebral hemo	orrhage					INTERVAL ONSET AN FeW	BETWEEN DEATH
Canditions, if a gave rise to couse (o), stating lying cause lost.	immediate   DUE TO	arterioschle	erosis					ma	ny yr:
3	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH B					EN IN PART 1	PERE	S AUTOPSY ORMED?
THE EITHER, NOTIF	AS UNDERLYING   20b G   CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED (Enler nature o	of injury in Po	art I or Port II	af ilem 18.)			
ZOc. TIME OF INJU Hour o. m. p. m.	10 V	Od, INJURY OCCURRED 20e /hile Not while twork of work	PLACE OF INJURY ( factory, street, offic	(Home, farm, e bldg., etc.)	20f. (City of	r town)	(Co	unty)	(Stole)
	hat I attended the declar list	ceased from May	th accurred at			the causes a	nd an the	st saw the date sta	e deceased ted abave PATE SIGNED
PHYSICIAN'S NAME (Type)	Barbara Hunt,					sland, M		nd	r
22a. BURIAL CREMATION SEMOVAL (Specify BUTIAL	' July 16, 19					ton, Mar	yland		ofe)
23 FUNERAL DIRECTOR Bradshaw		ADDRESS Field, Maryland		24o. REC'D DATE	BY REGISTRA		TRAR'S SIGN	BLI - A	



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (15374
	8376 CERTIFICATE OF DEATH  Reg. Dist. No. 26/
	PLACE OF DEATH  COUNTY Somerset  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)  Somerset  Maryland
	b CTY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  RURAL ond give negrest form)  Marion Station
•	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  e is residence ON A FARM? YES \( \sum \) NO P
3	NAME OF DECEASED (Type or print)  Henry Thomas Outen Death July 24, 1958
	SEX  6 COLOR OR RACE 7. MARRIED NEVER MARRIED   8 DATE OF BIRTH  101 birthday)  WIDOWED DIVORCED NOT MALE 14 HRS  WIDOWED NOT MARRIED NOT MALE 14 HRS  WIDOWED
1	On USUAL OCCUPATION (Give ket) of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) Marion Sta., Md. 12 CITIZEN OF WHAT COUNTRY Marion Sta., Md. 24.5.7.
1	George Henry Outen Harrielt Smith
3	S. WAS DECEASO EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (1) yes, give war or dates of service) 18. SOCIAL SECURITY NO. 17 INFORMANT Address (1) Yes, Address (1)
	18. CAUSE OF DEATH {Enter only one couse per line for (0), (b), and (c).}  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Abute Del. of Reart-Uremia - IMMEDIATE CAUSE (0)
	Conditions, if ony, which gove rise to immediate couse (a), stoting the under- lying cause lost.  Conditions, if ony, which gove rise to immediate couse (b). Chronic Out. Nephratia' - C. Mycareletin years  (c)
10144	PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
121404	YES NO ON ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CONTRIBUT
44671744	20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED Hour o m. While of work of w
	21. I certify that I attended the deceased fram July 17-, 1958, ta July 14-, 1958, that I last saw the deceased alive on July 24-, 1958, and that death occurred atM, fram the causes and on the date stated above
	ACTUAL SIGNATURE LOVIGE COCULTUM MD. Marion Malin Manyland 7-25.
	PHYSICIAN'S GEORGE C. COULBOURN MD. MARION STATION-MARY-AND
2	BURAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City. town, or county) Marion Sta, Som. Ca. Md.
2.	inaries H. Ward Marion Sta, M. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	Charles and the second

~. -01



22c. NAME OF CEMETERY OF CREMATORY

22d. JOCATION (City, town, or county)

24h

24a. REC'D BY BÉGISTRAR

5

REGISTRAR'S SIGNATURE

(Stote)

FUNERAL DIRECTOR: prior 0

PHYSICIAN: The

HOSPITAL O

deoth.

24

VS A15 (4) 15M 9/55

PHYSICIAN'S

NAME [Type]

REMOVAL (Specify)

23. FUNERAL-BIRECTOES SIGNATURE

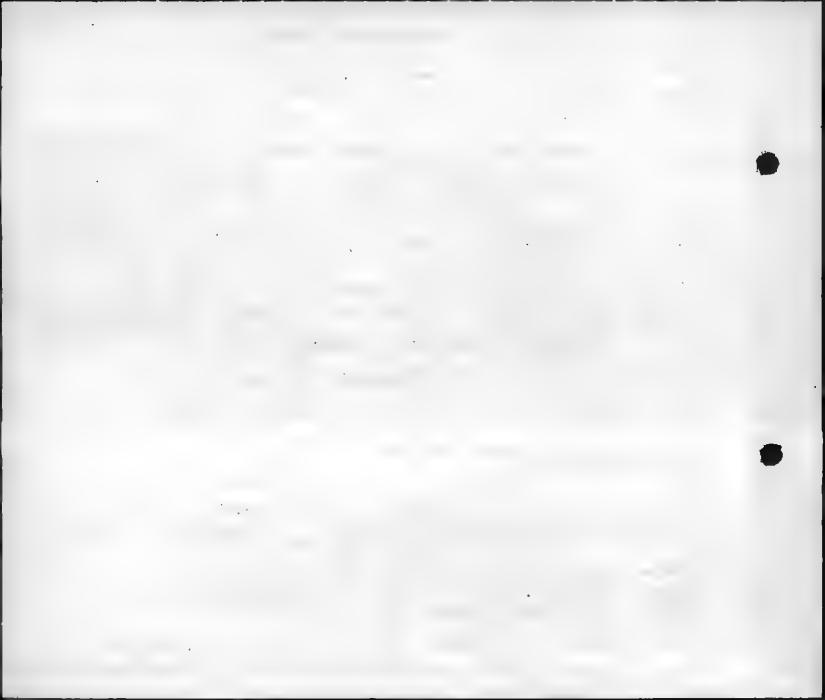
Sarah

229 SURIAL, CREMATION, 226. DATE THEREOF

M.

Peyton

ABORESS.



M	1 8377 CERTIFICATE OF DEATH Reg. Di	((') () (( '') () (( '') () ( ( '') () () (( ( '') () () () () () () () () () () () () ()
	PLACE OF DEATH  o. COUNTY  Somerset  MARYLAND  2 USUAL RESIDENCE (Where deceased lived it institution Residen or STATE Maryland b COUNTY SO	ce before odmission) merset
	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lawn)  Rehabeth  7 years  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lawn)  Rehabeth	give nearest town)
2.7	d NAME OF HOSP,TAL (If not in hospital, give street oddress) OR INSTITUTION RFD  A. STREET ADDRESS RFD	
	NAME OF First Middle Lost OF Month OF CHARLES ALFRED THOMPSON OF DEATH JULY	Doy Year 4 19 58
	Male White WIDOWED DIVORCED Dec. 10, 1882 75 yrs Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
	during most at working life, even if refired)	IZEN OF WHAT COUNTRY
1)	Joseph Hopkins Thompson Kate Callary	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO NO. of unknown] No. of unknown No. of unknown] No. of unknown No. of	yland
	18. CAUSE OF DEATH [Enter only one couse oper time for (o), (b), and (c) ]  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Unaccase  A Substitute Soul of County  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Unaccase  One of the county  O	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b) Chronic Deef Tref links There my order	( Speciety)
	lying couse lost (c) General Carles & Cosonics	Jed 3
n J	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	200. ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18 )  [IF EITHER, NOTIFY MEDICAL EXAMINER]  20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18 )	
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. 19 While Not while of work of twork of work 10 of wor	County) (State)
	21. I certify that I attended the deceased fram 1955 to 1955 to 1955 that I I alive on 1955 that I I See and on the causes are caused to the causes and on the causes and on the causes are caused to the causes and on the causes are caused to the causes and on the causes are caused to the causes are caused to the causes and on the causes are caused to the causes and on the causes are caused to the causes are caused to the causes are caused to the causes and on the causes are caused to the cause are caused to the causes are caused to the cause are caused to the caused to the cause are caused to the ca	ast saw the deceased
	ACTUAL SIGNATURE 1 PLETON (D. Carelliones - M.D. M.D. M.D. ADDRESS (Street, city or towns stote)	DATE SIGNED
/	PHYSICIAN'S George C. Coulbourn, M. D. Marion Station, Marylan	d

22c. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

**ADDRESS** 

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Baltimore, Maryland 24 REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

22d, LOCATION (City, fown, or county)

08376

> > (Stole)

15M 10/57

220 BUR AL, CREMATION, 226. DATE THEREOF BURIAL (Specify)
BURIAL July 5, 10

23. FUNERAL DIRECTOR'S SIGNATURE

July 5, 1958

Bradshaw & Sons, Crisfield, Maryland



MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE, 1	8	
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CERTIFICATE OF DEATH

08377

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND SOMERSET MAR YLAND SOMERSET b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) KINGSTON RISFIELDd. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION EDW. CCREADY MEMO. HOSP YES T NO T NAME OF First Middle 4. DATE Year DECEASED (Type or print) DEATH 19 58 WILLIAM WATERS JULY 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED RT DIVORCED [ NEGRO MALE yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EMORY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT KINGSTON, WATERS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate years DUE TO cause (o), stating the underlying cause last, PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NOX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur a. m. While Not while of work of work p. m. when I saw the deceased 21. I certify that I offended the deceased from here! 50 and that death occurred at 1:40 M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE MARION. MARYLAND NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

The State of Bridge Charles of the Charles of the Control of the Contro

		379	CERTIFIC	LAIE OF	DEATE	1		Reg. Dist. I	No.	
1. PLACE OF DEATH g. COUNTY SON	erset		MARYLANI	2. USUAL R	esidence (Wh	ere deceased	lived, If institution by COUNTY SOMEY	n: Residence b	efore odmi	ssion)
	N (If outside corporale time e nearest town)	ils, write	LENGTH OF STAY IN 1	1	ncess		rate limits, write R		neorest to	vn)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital,	give street ad	dress)		T ADDRESS				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Gordon	ni Si	Middle tewart	West	Last	4. DATE OF DEATH	July		Doy	Year 1958
male	6. COLOR OR RACE		NEVER MARRIED			917	9. AGE (In years lost birthday) 4 T yrs.	Months Day		DER 24 HRS
during most of w	TION (Give kind of work vorking life, even if retired	done 10b. Kli	ND OF BUSINESS OR IN		HPLACE (Stole	_	ivniry)	12. CITIZEN	S.A	
3. FATHER'S NAME	D. West			14. MOTHE	R'S MAIDEN N	AME	Ola f mm =			
	VER IN U. S. ARMED FOR	service)	CIAL SECURITY NO. 17	Mrs. E	ntogom ta We		hipps Addr rincess	A	. Md.	
BROW	immediate DUE TO	PU DITIONS COL	LMONAR	UT NOT RELATED	PHYS E	MA DISEASE		EN IN PART 1(d	19. WAS	ORMEDZ
20c. TIME OF INJ Hour o. s p. n	10	While	DRY OCCURRED 20e. Not while at wark	PLACE OF INJUR factory, street, of	Y (Home, form, fice bldg., etc.	20f. (City	or lown)	(Caun	ty)	(State
21. I certify olive on U	that I attended the	deceased 125	from FEB. 3, and that dec	th occurred	ot 1 P		the couses a reet, city or town,		dote sta	
PHYSICIAN'S NAME (Type)	GEO. N	2. Du	INN M	D	PRINC	ESS	ANNE	m	ARY	LAN
REMOVAL (Speci	7-16-			OR CREMATORY		22d. 954	TESHKY,	Wary.	land'	ite)
23. FUNERAL DIRECTO	OR'S SIGNATURE	Pr:	incess Arm	e. Md.	24g. REC'D	BY REGIST	RAR 245 REGIS	FRAR'S SIGNA	MURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the indi-transit permit. Then please remave carbon papers. Pages at shauld be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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